



# COMMONWEALTH of VIRGINIA

## APPLICATION FOR A DEPARTMENT OF HEALTH PERMIT

I/we hereby make application to the \_\_\_\_\_ Health Department for

A permit to operate a: Restaurant \_\_\_\_\_ Summer Camp \_\_\_\_\_ Campground \_\_\_\_\_ Hotel \_\_\_\_\_

Bed & Breakfast \_\_\_\_\_ Migrant Labor Camp \_\_\_\_\_ Other \_\_\_\_\_

New \_\_\_\_\_ Change of Owner or Location \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

Name of Operator: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

WATER SUPPLY: Private \_\_\_\_\_ Public \_\_\_\_\_ SEWAGE: Private \_\_\_\_\_ Type \_\_\_\_\_ Public \_\_\_\_\_

Method of Solid Waste Disposal: \_\_\_\_\_

Number of Rooms \_\_\_\_\_ Campsites \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Perons Housed \_\_\_\_\_

I/we undertand that after issuance of the Health Department Permit requested, the Commissioner of Health  
Or his authorized representatives shall have the right to enter the premises of this establishment at any  
Reasonable time to inspect, conduct test, or collect samples as required.

Signature of Applicant or Person Authorized by applicant to Sign this Application

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

### FOR OFFICIAL USE

Type of permit: Mobile \_\_\_\_\_ Seasonal \_\_\_\_\_ Institutional \_\_\_\_\_ Counter Freezer \_\_\_\_\_ Other \_\_\_\_\_ Public \_\_\_\_\_  
Temporary \_\_\_\_\_

Approved for permit \_\_\_\_\_ Date signed \_\_\_\_\_ Sanitarian \_\_\_\_\_

Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Remarks: \_\_\_\_\_